IN THE UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF PENNSYLVANIA

IN RE:)
C1) Case No. 23-21673 CMB
Shayne A. Mattich,) Chapter 13
Debtor) Docket No.
Shayne A. Mattich,)
Movant)
)
vs.)
)
No Respondents)
AMENDM	IENT COVER SHEET
Amendment(s) to the following netition 1	ist(s), schedule(s), or statement(s) are transmitte
herewith:	ist(s), senedure(s), or statement(s) are transmitte
Voluntary Petition Specif	ly reason for amendment:
Official Form 6 Schedules (Itemiza	ation of Changes Must be Specified)
Summary of Schedules	
Schedule A – Real Property	,
Schedule B - Personal Proper	
Schedule C – Property Claim	·
Schedule D – Creditors hold	<u>=</u>
Check one:	,
Creditor(s) ad	ded
NO creditor	
Creditor(s) d	
	lding Unsecured Priority Claims
Check one:	,
Creditor(s) a	dded
NO creditor	(s) added
Creditor(s) d	eleted
Schedule F – Creditors Hole	ding Unsecured Nonpriority Claims
Check one:	
Creditor(s) ad	ded
NO creditor	(s) added
Creditor(s) d	eleted
Schedule G – Executory Co	ontracts and Unexpired Leases
Check one:	
Creditor(s) a	dded

NO creditor(s) added
Creditor(s) de	eleted
Schedule H – Codebtors	
X Schedule I - Current Incom	e of Individual Debtor(s)
X Schedule J- Current Expe	enditures of Individual Debtor(s)
Statement of Financial Affai	rs
Chapter 7 Individual Debtor	's Statement of Intention
Chapter 11 List of Equity Se	curity Holders
Chapter 11 List of Creditors	Holding 20 Largest Unsecured Claims
Disclosure of Compensation	
Other:	•
Date: May 15, 2025	/s/ Kenneth Steidl
•	Kenneth Steidl, Esquire
	Attorney for the Debtor
	STEIDL & STEINBERG
	436 Seventh Avenue, Suite 322
	Pittsburgh, PA 15219
	(412) 391-8000
	PA I.D. No. 34965
	ken steidl@steidl-steinberg.com

Note: An amended matrix of creditors added by the amendment must be submitted on disk with the amendment. Attorneys filing electronically on the Case Management/Electronic Case Filing System may add creditors to the case electronically.

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Fill	in this information to identify your o	ase:					
Del	Shayne A. N	Mattich			_		
	otor 2 puse, if filing)				-		
Uni	ted States Bankruptcy Court for the	e: WESTERN DISTRICT	Γ OF PE	ENNSYLVANIA	_		
Cas	se number 23-21673				С	heck if this is:	
(If kr	nown)		-				d filing ent showing postpetition chapter as of the following date:
0	fficial Form 106I					MM / DD/ Y	YYY
S	chedule I: Your Inc	ome					12/1
	t1: Describe Employment Fill in your employment	on the top of any additi	onai pa	gos, write your name (unu cas	e number (II I	anowny. Anower every question
1.	Fill in your employment information.		Debt	or 1		Debtor 2	or non-filing spouse
	If you have more than one job,	Employment status	■ Er	mployed		■ Emplo	pyed
	attach a separate page with information about additional	Linployment status		ot employed		☐ Not er	mployed
	employers.	Occupation				Supervi	isor of Program Operations
	Include part-time, seasonal, or self-employed work.	Employer's name	UPM	IC		Connec	tiveRx
	Occupation may include student or homemaker, if it applies.	Employer's address	600	IC Steel Tower Grant Street burgh, PA 15219		200 Jeff	ossings at Jefferson Park ferson Park ny, NJ 07981
		How long employed t	here?	2 months		4	years
Par	t 2: Give Details About Mo	nthly Income					
spoi	mate monthly income as of the duse unless you are separated.		,	0 1	,	·	
	u or your non-filing spouse have m e space, attach a separate sheet to		ombine t	the information for all en	nployers	for that perso	n on the lines below. If you need
					For	Debtor 1	For Debtor 2 or non-filing spouse
2.	List monthly gross wages, sala deductions). If not paid monthly,				\$	4,856.00	\$5,097.07

Official Form 106I Schedule I: Your Income page 1

0.00

4,856.00

0.00

5,097.07

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

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Deb	tor 1	Shayne A. Mattich	_	C	Case number (<i>if kn</i>	own)	23-21	673		
					For Debtor 1			Debtor 2		
	_							filing sp		
	Cop	by line 4 here	4.		\$ 4,856	.00	\$	5,0	97.07	_
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$ 1,136	.00	\$	1.1	14.55	
	5b.	Mandatory contributions for retirement plans	5b).		.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	5c	:.	\$ 0	.00	\$		0.00	_
	5d.	Required repayments of retirement fund loans	5d	۱.	\$ 0	.00	\$		49.74	_
	5e.	Insurance	5e			.00	\$		92.90	_
	5f.	Domestic support obligations	5f.			.00	\$		0.00	_
	5g.	Union dues	5g			.00	\$		0.00	_
	5h.	Other deductions. Specify:	_ 5h				+ \$		0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$1,436		\$		257.19	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$3,420	.00	\$	3,8	39.88	=
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a	١.	\$ 0	.00	\$		0.00	
	8b.	Interest and dividends	8b).		.00	\$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce								_
		settlement, and property settlement.	8c	: .	\$ 0	.00	\$		0.00	
	8d.	Unemployment compensation	8d	١.		.00	\$		0.00	_
	8e.	Social Security	8e) .		.00	\$		0.00	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$ 0	0.00	\$		0.00	_
	8g.	Pension or retirement income	_ 8g	J.	\$ 0	.00	\$		0.00	_
	8h.	Other monthly income. Specify:	8h	1.+	\$ 0	.00	+ \$		0.00	_
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	S0	.00	\$		0.0	0
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	3,420.00	+ \$	3.8	39.88	= \$	7,259.88
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			0,120.00			50.00		1,200.00
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe		. •		,	chedule		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certailies						12.	\$Combi	7,259.88 ned
13.	Do	you expect an increase or decrease within the year after you file this form	?					ı	month	ly income
		No.								
	П	Yes, Explain:								

Official Form 106l Schedule I: Your Income page 2

Fill	in this information to identify your case:				
Deb	otor 1 Shayne A. Mattich		Check	c if this is:	
				An amended filing	
	ouse, if filing)				ving postpetition chapter the following date:
(Opt	503e, II IIII 19)		_		une following date.
Unit	ed States Bankruptcy Court for the: WESTERN DISTRICT OF PENNS	SYLVANIA	N	MM / DD / YYYY	
	e number				
0	fficial Form 106J				
S	chedule J: Your Expenses				12/15
info	as complete and accurate as possible. If two married people are ormation. If more space is needed, attach another sheet to this finder (if known). Answer every question.				
Par	Describe Your Household Is this a joint case?				
	■ No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	□ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses</i>	for Separate House	hold of Debto	or 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.				□ Yes
					□ No □ Yes
					□ No
					☐ Yes
					□ No
_		-			☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				
Par	t 2: Estimate Your Ongoing Monthly Expenses				
exp	imate your expenses as of your bankruptcy filing date unless your expenses as of a date after the bankruptcy is filed. If this is a suppolicable date.				
Inc	lude expenses paid for with non-cash government assistance if	you know			
	value of such assistance and have included it on Schedule I: Y ficial Form 106I.)	our Income		Your expe	enses
(0)	notal Form 1991.)				
4.	The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot.	nclude first mortgage	4. \$		0.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		175.00
_	4d. Homeowner's association or condominium dues		4d. \$		0.00
5.	Additional mortgage payments for your residence, such as hor	me equity loans	5. \$		0.00

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or 1 Shayne A. Mattich	Case num	ber (if known)	23-21673
Utilities:			
	6a.	\$	360.00
			190.00
			450.00
		· ·	0.00
			725.00
		·	0.00
			180.00
			120.00
•		·	375.00
•		Ψ	373.00
	12.	\$	275.00
	13.	\$	150.00
			20.00
•			
, , ,	15a.	\$	0.00
15b. Health insurance	15b.	\$	0.00
15c. Vehicle insurance	15c.	\$	215.90
15d. Other insurance. Specify:	15d.	\$	0.00
	16.	\$	0.00
Installment or lease payments:			
17a. Car payments for Vehicle 1	17a.	\$	0.00
17b. Car payments for Vehicle 2	17b.	\$	0.00
17c. Other. Specify:	17c.	\$	0.00
17d. Other. Specify:	17d.	\$	0.00
Your payments of alimony, maintenance, and support that you did not report as			
	18.	\$	0.00
Other payments you make to support others who do not live with you.		\$	0.00
Specify:	19.		
20a. Mortgages on other property			0.00
20b. Real estate taxes	20b.	\$	0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeowner's association or condominium dues	20e.	\$	0.00
Other: Specify: Husband's Car Payment	21.	+\$	427.52
		+\$	90.00
			1,421.00
			.,
S .		· -	5,174.42
20h Canallina 00 (manthly average for Dahton 0) if any from Official Form 400 L0		\$	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2			- 4-4 40
22c. Add line 22a and 22b. The result is your monthly expenses.		\$	5,174.42
22c. Add line 22a and 22b. The result is your monthly expenses.		\$	5,174.42
22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly net income.	00-		
22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	7,259.88
22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly net income.	23a. 23b.	\$	
 22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 		\$	7,259.88
 22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. 	23b.	\$	7,259.88 5,174.42
 22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 		\$	7,259.88
 22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. 	23b. 23c. ou file this	\$ -\$ \$	7,259.88 5,174.42 2,085.46
 22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23b. Copy your monthly expenses from line 22c above. 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. Do you expect an increase or decrease in your expenses within the year after your example, do you expect to finish paying for your car loan within the year or do you expect your 	23b. 23c. ou file this	\$ -\$ \$	7,259.88 5,174.42 2,085.46
	Utilities: 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. Specify:	Utilities: 6a. Electricity, heat, natural gas 6a. 6b. Water, sewer, garbage collection 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. 6d. Other. Specify: 7. Childcare and children's education costs 8. Clothing, laundry, and dry cleaning 9. Personal care products and services 10. Medical and dental expenses 11. Transportation. Include gas, maintenance, bus or train fare. 10. Do not include car payments. 12. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Charitable contributions and religious donations 14. Insurance. 15. Do not include insurance deducted from your pay or included in lines 4 or 20. 15. 15b. Health insurance 15. 15c. Vehicle insurance. Specify: 15. 15d. Other insurance. Specify: 15. 15c. Vehicle asses deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 16.	Utilities: 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Cellite, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, Internet, satellite, and cable servi